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ABSTRACT

In order to assess the benefits of charging student fees for expanded health services, East Los Angeles College conducted a telephone survey of 106 California community colleges to determine: (1) the number of colleges charging student health fees; (2) the amount charged per full- and part-time student; (3) the percentage of the fee which went toward accident insurance; (4) the maximum amount paid per claim; (5) the benefits, in addition to insurance, which are provided by the fees; (6) the impetus for imposing fees; (7) the improvements, if any, in college health services after fee imposition; and (8) any problems that may have been encountered as a result of fee imposition. Selected findings, based on a 100% response rate, indicate that 58 of the colleges charged student health fees ranging from a mean of $4.25 per semester for full-time students to a mean of $2.18 for part-time students. On the average, 28.7% of the fees went toward accident insurance, and the mean maximum claim payment was $9,107. A variety of services other than insurance was provided by the fees, including health education and psychological counseling. Respondents indicated increases (up to 700%) in the number of clients and physician availability as a result of fee imposition. Student complaints, reported at only 8.6% of the colleges charging fees, ceased after one or two semesters. The study report analyzes findings for each interview question; data tables are provided. (JP)

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EAST LOS ANGELES COLLEGE

RESEARCH REPORT

RESEARCH REPORT 80-6

LOS ANGELES COMMUNITY COLLEGE DISTRICT STATEWIDE STUDENT HEALTH SERVICES FEE QUESTIONNAIRE

U S DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

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Student Health Services
East Los Angeles College

August, 1980

JC 800 522

EXECUTIVE SUMMARY

Los Angeles Community College District

Statewide Student Health Services Fee Questionnaire

Over half of the California Community Colleges charge a mandatory health fee to their students. Such fees are relatively small, ranging from a mean of $4.25 for day/fulltime students to a mean of $2.18 for parttime students.

Over half of the fee-charging institutions use a portion of the fee specifically for student accident insurance; overall, just under 30% of the fees are used for such insurance. Benefits of the insurance include a mean maximum per-incident payment of $9,107.14.

Colleges report benefits from the fees such as additional medical and paramedical personnel, health educational aids, psychological services, decreased lab fees, referral, new equipment, screenings, medical transport, and more.

Motivations to institute the fees were variegated, but were primarily based on student requests or college cost offsets.

Services differed substantially for those colleges instituting fees. Examples of differences are tremendous (up to sevenfold) increases in usership, physician availability increases, increased student health service hours, and greater faculty involvement.

Only 3.4% of the colleges reported other fees directly catalyzed by imposition of the health fee; these reported lab and parking fee establishment.

Few problems occurred as a result of fee imposition. Such problems ranged from student complaints (which diminished to nothing after one or two semesters) to student problems in filling out insurance forms correctly.

The report closes with a firm recommendation for the institution of a health service fee for those campuses without one; benefits were seen as significantly more powerful than the few problems the fees generate.

RESEARCH REPORT 80-6

LOS ANGELES COMMUNITY COLLEGE DISTRICT

STATEWIDE STUDENT HEALTH SERVICES FEE QUESTIONNAIRE

BACKGROUND AND PURPOSE

The Task Force on Student Health Services of the California Community Colleges has endorsed the resolution that expanded health services be implemented in such a way as to make health care easily accessible at low cost to the student.

On October 31, 1973 the Board of Trustees of the Los Angeles Community Colleges moved to support the initiation of a pilot study to discover the feasibility of full implementation of Roberti's Senate Bill 25. (SB 25 authorizes the governing board of any district maintaining a community college to provide health supervision and services and to operate a student health center or centers. It also provides that college physicians shall be authorized to provide medical treatment at such centers).

A Districtwide Committee, under the direction of Ray Johnson, submitted a Campus Health Services Preliminary Report dated April, 1974. This report outlined steps taken by the District Health Committee to evaluate all aspects of the implementation of expanded health services and the charging of the allowable

student fee to support such services. (The Education Code now includes Senate Bill 25, 2108, and Assembly Bills 1571 and 2655 which authorize this activity).

The recommendation that expanded services be implemented in the L.A. Community College District was endorsed by the following people: 1) Senator Roberti who stated, "This bill is a people-oriented bill. Persons who will benefit from it are students from lower income homes who are by far the greatest number of collegiately enrolled students in California," 2) James McClenahan, M.D., President of Pacific Coast College Health Association, 3) Addie Klotz, M.D. (now deceased) former Director of Student Health Services, U.S.C., 4) Ray Johnson, former Director, College Relations and Community Services, 5) Dr. Ruth Rada, Dean of Students, Mission College, 6) John Serrano, M.S.W., East Los Angeles Health Task Force, 7) Paul Carpenter, Assemblyman, Orange County, 8) Art Torres, Assemblyman, 9) Armando Rodriguez, former President, East Los Angeles College.

On April 11, 1980 a summary of the present status of the implementation of the recommended legislation for expanded Health Services was presented by Nadine Eisen to the Council of Deans of Student Services.

On the basis of a chronology of activities related to Health

Services, it was suggested that a state-wide survey be conducted. Steven Mark Sachs, Coordinator of Research at East Los Angeles College, was authorized to carry out the research project. The following college nurses dedicated a great deal of time and effort to contact individual colleges by telephone, carefully adhering to the specific guidelines outlined by Mr. Sachs:

Nadine Eisen, R.N., M.A., Chair, Health Services Committee
East Los Angeles College

Joanne Fanning, R.N., M.A., L.A. Mission College

Lorrie Nassofer, R.N., J.D., L.A. Harbor College

Peggy Reichman, R.N., M.A., L.A. Trade Tech College

Sarah Rosen, R.N., M.A.,L.A. City College

Mary Sheriff, R.N., M.A., L.A. Valley College.

METHOD

The author and consultant for this report created the Los Angeles Community College District Statewide Student Health Services Fee Questionnaire to obtain detailed information on the status of student health service fees and insurances throughout the California Community Colleges (see Appendix I for a copy of the Questionnaire).

A workshop on telephone interview techniques was conducted for the nurses listed above; the workshop included both didactic and role-playing activities, and each became proficient at administering the Questionnaire.

Each interviewer was assigned a group of California Community Colleges as listed in the California Community and Junior College Association's membership listing. One Questionnaire was to be filled out for each such college.

Interviews were conducted during the months of June, July, and August.

RESULTS

Respondent Types

Contact was attempted with 115 institutions; all were successfully interviewed, for a 100% response rate.

Of these 115, nine were considered inappropriate for this study (for reasons such as district rather than college status, private vocational school, exclusively sectarian orientation, and so on).

Of the remaining 106 colleges, 58 (54.7%) did charge a student health fee; 48 (45.3%) did not charge such a fee. The remainder of this report will concentrate on the 58 fee-charging colleges.

Health Fee Generalities

When colleges were asked whether their fees differed for day and evening (and, subsequently, summer), 43 answered the question. Of these, 37 (86.0%) charged the same fee for both day and evening students.

The mean health fee charged by the 52 colleges (indicating fees for day, fulltime, or combined attendance status) was $4.48 per semester.

The mean evening-only fee, based on the five colleges charging it, was $2.00.

The mean fulltime-only fee, based on the four colleges charging one, was $4.25. The mean parttime-only fee, based on the seven colleges charging one, was $2.18. The mean summer fee, based on the 26 colleges charging one, was $2.22. (These 26 summer-fee colleges make up 44.8% of all fee-charging colleges.)

All fee-charging colleges which indicated mandatory/nonmandatory fee status made the fee mandatory.

Health Fee Exemptions and Augmentatory Assistance

A total of 13 colleges (22.4%) of those charging a fee provided for special health fee exemptions; seven allowed for religious ones (such as for Christian Scientists), and six allowed for others (such as for the elderly, apprentices, athletics students who frequently paid different related fees, the indigent, etc.).

Five schools (8.6%) provided augmentation monies for the fees; three via EOP&S funding, and two through inclusion of the fee in the student's financial aid award.

Accident Insurance Costs

Of our 58 fee-charging schools, 34 (58.6%) clearly used a portion of the overall health fee toward fulltime student accident insurance. The mean percent of the full health fee put toward the accident insurance for these colleges was 28.7%; this broke down to a mean dollar amount of $1.33 of the fee.

Accident Insurance Benefits

Of the seven colleges listing explicit dollar amounts for "maximum paid per incident," the mean maximum was $9,107.14. Three colleges listed per-incident maxima in terms of a percentage of the total medical costs of the accident; two of these paid 100%, and the other paid 90%.

Better data were obtained for annual maxima. These broke down as follows:

NUMBER	MAXIMUM DOLLARS ANNUALLY
1	$ 5,000
1	$ 6,000
12	$ 10,000
1	$ 15,000
5	$ 25,000

The mean of all of these is $ 13,550.

Only three colleges (5.6% of the 58 fee-charging ones) had

deductibles; the mean of the deductibles was $28.33.

Various other colleges had separate dental plans. Twelve (20.7%) colleges mentioned that the policy was seen as a "secondary" one or that there existed a secondary policy. (Other unique policy types and details were noted but will not be reported here.)

(The reader may wish to refer to Appendix II for a frequency list of insurance companies used by the colleges.)

Benefits Derived from the Health Fee

Two questions on the survey form (numbers 4 and 10) requested information on the benefits resulting from collection of the health fee. The following table presents a summary of such benefit types and the percents of fee-charging colleges mentioning such benefits.

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TABLE I

BENEFITS OTHER THAN INSURANCE DERIVED FROM THE HEALTH FEE

BENEFIT	PERCENT	BENEFIT	PERCENT
Health forums, guest speakers, workshops, other health education	74.1	Screening	10.3
Health counseling or psychological services	50.0	Ambulance or other medical transport	6.9
M.D. available at least parttime	41.4	Standing orders	6.9
Lab work free or low-cost	32.8	Additional counseling	5.2
Emergency first aid care	29.3	Blood pressure clinic	3.4
LVN or other nursing or health-professional assistance (below MD level)	27.6	Decreased attrition of handicapped students	3.4
Referral	24.1	Hygienist	3.4
Pamphlets, films, etc.	22.4	Time and money savings (e.g., in emergency rooms)	3.4
Part-time evening nurse	22.4	Decreased district liability	1.7
Family planning	15.5	Dentist available	1.7
New equipment/supplies/ facility improvement	13.8	Handicapped enabler on staff	1.7
Staffing (health-related and other) increase	13.8	Liason with faculty	1.7
Hearing	12.1	R.N. available to instructors	1.7
Vision	12.1		
Prescription & nonprescription medications free or at discount	10.3		

Institution of the Health Fee

When respondents were asked when the health fee was instituted, there was a wide range of replies. They broke down like this:

ACADEMIC YEAR	PERCENT OF SCHOOLS LISTING YEAR	CUMULATIVE PERCENT
65-66	2.0	2.0
///		
68.69	3.9	5.9
///		
70-71	5.9	11.8
71-72	11.8	23.6
72-73	5.9	29.5
73-74	17.6	47.1
74-75	7.8	54.9
75-76	7.8	62.7
76-77	13.7	76.7
77-78	13.7	90.1
78-79	7.8	97.9
79-80	2.0	99.9*

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*Not equal to 100 because of rounding.

Impetus for Imposition of the Health Fee

The following table presents the percents of institutions reporting fee impetus and their respective arguments. Note that relatively few colleges provided meaningful detail with respect to such reasoning.

Note that these are noncumulative.

IMPETUS	PERCENT
Students requested it (e.g., by voting it in, survey, etc.)	22.2
Health professional's salary to be paid by fee	13.3
Helps pay for insurance	8.9
Proposition 13 / good source of revenue	8.9
Senate Bill 25 / other legislation	8.9
Administration noticed that other colleges had such a fee	6.7
Faculty requested it	6.7
Health Center was to become self-supporting	6.7
Accreditation team suggested it	4.4
Students needed it (not living at home; low-income)	4.4
Biological jeapordy (snakes!)	2.2
Local Health Department is inadequate	2.2
Nurse made a presentation to Board	2.2
Students live nearby; convenience	2.2

Service Differences after Fee Imposition

Those colleges charging a fee were asked how services differed and how usage changed after imposition of the fee (Questions 7 and 8). Both specific and nonspecific replies were elicited. Basically, the nonspecific replies indicated that about 90% of the college health offices experienced an increase in services and numbers of clients (up to a 700% increase). Only 5.2% explicitly said, "no change." The remainder of the codable replies are tabulated below. (Note that the percents reported below are of all fee-charging colleges; since some of these did not list their changes, the percents are artificially deflated.)

(This space intentionally left blank).

SERVICE DIFFERENCE	PERCENT
Increase	90.0 (approximate)
M.D. available or availability increase	20.7
One to three new nurses hired	13.8
Evening nurse, LVN, or other health professional hired	13.8
Increase in health office staff (includes clerical, etc.)	10.3
Psychological services reinstated or increased	6.9
Better insurance coverage	5.2
Equipment bought (examining table, etc.)	5.2
All services started as a result of fee	3.4
Small change in paperwork load	3.4
Increase in hours (incl. summer hours)	3.4
Obtained an entire facility	1.7
New medical services	1.7
Diet program	1.7
Early interventions precluded some dropouts	1.7
Contact liason with UCLA family center	1.7
Standing orders now provided	1.7
More handicapped clients since better accessability	1.7
Economically deprived people use service more	1.7
Foreign students now use a lot	1.7
More older students now using it	1.7
Increase in injuries treated	1.7

Catalyzed Fees

Respondents were asked what other fees were catalyzed by the institution of the health fee. Only 3.4% of the colleges reported

such fees; these two colleges individually listed registration fee and lab fee. Four additional colleges (6.9%) reported that other fees were instituted simultaneously; these were not necessarily catalyzed by health fee imposition. These simultaneous fees were for labs, parking, and the like.

Problems Related to Imposition of Health Fees

The following table represents the problems reported by respondents; percents are of all fee-charging institutions.

PROBLEM	PERCENT
Students complained, but only at first	8.6
Occasional complaints	5.2
Athletics insurance was eventually separated from the fee	3.4
Some problems in students filing insurance claims properly	3.4
"Students expect $60 services for only $4.50" (approx.)	3.4
Some religious objections; became exempt	1.7
Some trade groups protested; were accomodated by provision for signing a waiver for no services	1.7
The fee is too small	1.7
Slightly slows the registration process because of the difference between day and evening fees	1.7
On a military base it is a duplication of services	1.7

General Comments

Finally, respondents were asked if they had anything to add to their comments. Colleges mentioned such things as, "Students would object if the fee were to be removed," "The fee relieved a lot of pressure because of the students' insurance coverage," "Some people sign up for just one class so they can get the health services," and "SB 2088

(Carpenter bill) helped."

CONCLUSION: AN ARGUMENT FOR FEE CREATION

Traditionally, the author of a research paper is expected to remain completely unbiased in his/her concluding remarks. This author will now break tradition:

The 55% of California Community Colleges which charge a student health fee experience a significant increase in productivity and student benefits as a result of the fee. Ranging from substantial insurance coverage to new facilities to expanded staffing to new health education programs, these benefits clearly reflect thoughtful and constructive use of the health fee revenues.

Given the relatively insignificant problems associated with imposition of the fee, and keeping in mind the potential for increased student recruitment, retention, educational receptivity, and holistic well-being, it is recommended that any institution not currently providing health services augmented by student health fees do so as soon as practically possible. It is further recommended that a portion of the fee be applied to student health insurance; this serves not only as a protection for the student, but also for the college/district in terms of potentially reduced liability or liability claims.

A P P E N D I X I

Los Angeles Community College District

Statewide Student Health Services Fee

QUESTIONNAIRE

80-6:16

LOS ANGELES COMMUNITY COLLEGE DISTRICT

STATEWIDE STUDENT HEALTH SERVICES FEE QUESTIONNAIRE

PERSON CALLED: _____
COLLEGE: _____
PHONE: ( ) _____, EXT. ____
INTERVIEWER: _____
DATE: _____, 1980
CALL BACK TIME: _____

HI. THIS IS (NAME). I AM THE NURSE HERE AT (COLLEGE). OUR DISTRICT IS COLLECTING BACKGROUND INFORMATION ON STUDENT HEALTH FEES THROUGHOUT THE STATE, AND I WOULD LIKE TO ASK YOU A FEW QUESTIONS ABOUT YOUR COLLEGE'S FEE SITUATION.

---

1. IF YOU CHARGE A STUDENT HEALTH FEE, HOW MUCH IS IT?

   $_____ PER SEMESTER

   $_____ PER QUARTER

   $_____ PER YEAR

   A. IS IT MANDATORY? Y N

   B. DAY/EVENING:

   C. IF DISCONTINUED, WHY?

---

2. OF THIS FEE, HOW MUCH GOES TOWARD STUDENT ACCIDENT INSURANCE?

   $_____ OR _____%

   DAY/EVENING:

---

3. INSURANCE COVERAGE: COMPANY: _____

CONTACT PERSON: _____

A. $_____ PER INCIDENT

B. $_____ MAXIMUM (CLAIM) (ANNUALLY) (EVER) (_____)

C. $_____ DEDUCTIBLE

D. $_____ (OTHER RELEVANT DOLLAR AMOUNT)

E. DAY/EVENING:

---

4. IN ADDITION TO THE INSURANCE, WHAT ELSE IS PROVIDED IN RETURN FOR THE HEALTH FEE? (extra services) (psych.) (family planning) (ambulance)

DAY/EVENING:

---

5. WHEN WAS THE FEE INSTITUTED?

_____, 19___ OR _____ QUARTER/SEMESTER
MONTH

---

6. WHAT WAS THE IMPETUS FOR THE IMPOSITION OF THE FEE? (arguments)

---

7. HOW DID SERVICES DIFFER AFTER IMPOSITION OF THE FEE?

---

8. HOW MUCH DID HEALTH SERVICE USAGE CHANGE AFTER THE FEE WAS CHARGED?

(N users)
(N uses per user)
(diversity)
(demographic shifts)

---

9. WHAT OTHER FEES WERE CATALYZED BY INITIATION OF THE HEALTH FEE?

(lab/shop)
(P.E.)
(parking)

---

10. HOW HAS THE HEALTH FEE PROVIDED INSTRUCTIONAL OR OTHER VALUE TO THE STUDENTS?

---

11. WHAT PROBLEMS HAVE YOU ENCOUNTERED AS A RESULT OF THE IMPOSITION OF THE FEE?

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12. ANYTHING TO ADD?

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